


Index of Claims 	Application No. 09/709,038 Examiner Arrienne M. Lezak	Applicant(s) KOCH, ROBERT A. Art Unit 2143
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<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Allowed	<input type="checkbox"/> (Through numeral) Cancelled <input type="checkbox"/> Restricted	<input type="checkbox"/> Non-Elected <input type="checkbox"/> Interference	<input type="checkbox"/> Appeal <input type="checkbox"/> Objected
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Claim		Date				Claim		Date				Claim		Date			
Final	Original					Final	Original					Final	Original				
1	✓	8-24-04	✓	✓	✓	51						101					
2	✓	✓	✓	✓	✓	52						102					
3	✓	✓	✓	✓	✓	53						103					
4	✓	✓	✓	✓	✓	54						104					
5	✓	✓	✓	✓	✓	55						105					
6	✓	✓	✓	✓	✓	56						106					
7	✓	✓	✓	✓	✓	57						107					
8	✓	✓	✓	✓	✓	58						108					
9	✓	✓	✓	✓	✓	59						109					
10	✓	✓	✓	✓	✓	60						110					
11	✓	✓	✓	✓	✓	61						111					
12	✓	✓	✓	✓	✓	62						112					
13	✓	✓	✓	✓	✓	63						113					
14	✓	✓	✓	✓	✓	64						114					
15	✓	✓	✓	✓	✓	65						115					
16	✓	✓	✓	✓	✓	66						116					
17	✓	✓	✓	✓	✓	67						117					
18	✓	✓	✓	✓	✓	68						118					
19	✓	✓	✓	✓	✓	69						119					
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25	✓	✓	✓	✓	✓	75						125					
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